1800 SHERMAN AVENUE

STEVENS POINT 54481 Phone: (715) 344-1800 Ownership: Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes
Number of Beds Set Up and Staffed (12/31/03): 168 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 174 Title 19 (Medicaid) Certified? Yes

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Number of Residents on 12/31/03:

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03) %						
Home Health Care No		I		Age Groups	응	Less Than 1 Year	10.7		
Supp. Home Care-Personal Care	No					1 - 4 Years	32.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	6.8	More Than 4 Years	31.1		
Day Services	Yes	Mental Illness (Org./Psy)	42.7	65 - 74	9.7				
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	27.2		73.8		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	********	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.7	Full-Time Equivaler	nt		
Congregate Meals No		Cancer 3.9				- Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	19.4	65 & Over	93.2				
Transportation	No	Cerebrovascular	11.7			RNs	12.8		
Referral Service	Yes	Diabetes	2.9	Gender	용	LPNs	8.4		
Other Services	No	Respiratory	6.8			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	9.7	Male	24.3	Aides, & Orderlies	41.5		
Mentally Ill	No			Female	75.7				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Average Daily Census:

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Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)			Other		Private Pay		Family Care			Manage Care			∍d			
Level of Care	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	ᅇ	Per Diem (\$)	No.	양	Per Diem (\$)	No.	양	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	17	100.0	358	58	100.0	115	0	0.0	0	8	100.0	158	13	100.0	115	7	100.0	109	103	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	.j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		58	100.0		0	0.0		8	100.0		13	100.0		7	100.0		103	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 1	12/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		 Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	21.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.8		62.1	31.1	103
Other Nursing Homes	0.3	Dressing	18.4		65.0	16.5	103
Acute Care Hospitals	75.9	Transferring	19.4		49.5	31.1	103
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.4		50.5	31.1	103
Rehabilitation Hospitals	0.0	Eating	61.2		15.5	23.3	103
Other Locations	2.4	* * * * * * * * * * * * * * * * * * *	******	*****	******	******	******
Total Number of Admissions	328	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.8	Receiving Resp	iratory Care	12.6
Private Home/No Home Health	15.8	Occ/Freq. Incontiner	nt of Bladder	56.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	31.9	Occ/Freq. Incontiner	nt of Bowel	30.1	Receiving Suct	ioning -	0.0
Other Nursing Homes	0.9	1			Receiving Osto	my Care	3.9
Acute Care Hospitals	33.9	Mobility			Receiving Tube	Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.9	Receiving Mech	anically Altered Die	ets 40.8
Rehabilitation Hospitals	0.0						
Other Locations	7.3	Skin Care			Other Resident C	haracteristics	
Deaths	10.2	With Pressure Sores		6.8	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		1.0	Medications		
(Including Deaths)	342	I			Receiving Psyc	hoactive Drugs	25.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	용	Ratio	8	Ratio	ે	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	62.0	84.6	0.73	87.2	0.71	88.1	0.70	87.4	0.71
Current Residents from In-County	86.4	75.5	1.14	78.9	1.09	69.7	1.24	76.7	1.13
Admissions from In-County, Still Residing	10.1	18.9	0.53	23.1	0.44	21.4	0.47	19.6	0.51
Admissions/Average Daily Census	306.5	152.9	2.01	115.9	2.65	109.6	2.80	141.3	2.17
Discharges/Average Daily Census	319.6	154.8	2.06	117.7	2.71	111.3	2.87	142.5	2.24
Discharges To Private Residence/Average Daily Census	152.3	63.8	2.39	46.3	3.29	42.9	3.55	61.6	2.47
Residents Receiving Skilled Care	100	94.6	1.06	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	93.2	93.7	0.99	93.3	1.00	93.1	1.00	87.8	1.06
Title 19 (Medicaid) Funded Residents	56.3	66.0	0.85	68.3	0.82	68.8	0.82	65.9	0.85
Private Pay Funded Residents	7.8	19.0	0.41	19.3	0.40	20.5	0.38	21.0	0.37
Developmentally Disabled Residents	1.0	0.5	1.93	0.5	2.06	0.5	1.94	6.5	0.15
Mentally Ill Residents	44.7	31.3	1.43	39.6	1.13	38.2	1.17	33.6	1.33
General Medical Service Residents	9.7	23.7	0.41	21.6	0.45	21.9	0.44	20.6	0.47
Impaired ADL (Mean)	51.1	48.4	1.05	50.4	1.01	48.0	1.06	49.4	1.03
Psychological Problems	25.2	50.1	0.50	55.3	0.46	54.9	0.46	57.4	0.44
Nursing Care Required (Mean)	8.3	6.6	1.26	7.4	1.11	7.3	1.13	7.3	1.13